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SERIAL NUMBER 10/817,367	FILING OR 371(c) DATE 04/05/2004 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO.
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APPLICANTS

Zoltan Egeresi, Santa Cruz, CA;

** CONTINUING DATA *****

This application is a CIP of 10/137,172 04/30/2002 ABN *7L*

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/18/2004

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

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TITLE

MULTI USER ORAL CLEANSING DEVICE, DENTALJET

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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